			PART B	- FEE(S) TR	NSMITT.	AL			,		
611	Complete and send	ee(s), to: <u>Mail</u>	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450								
NOA	- Ē/			or <u>Fax</u>	(703) 740	6-4000					
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must						
	7590 09/10/2004					n certificate	of mailing or transmission	•			
	McANDREWS, HELD & MALLOY, LTD. 34th Floor					ertify that thi	tificate of Mailing or Trai is Fee(s) Transmittal is bei	ng deposited with the Un	ited		
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11/29	Chicago, IL 60661 11/29/2004 CCHAU2 00000008 09990934						Jean Dudek Kuelper (Depositor's name)				
01 FC		685.00 DP	Jean Dudell Guelper (Signature)								
	:8001	30.00 OP				Man	ember 23.	2004 1	Date)		
	APPLICATION NO. FILING DATE			FIRST NAMED INVENT			ATTORNEY DOCKET NO.	CONFIRMATION NO.			
	09/990,934 11/16/2001			Gregory L. Heacock			13421US01	2885			
	ITTLE OF INVENTION: I	DISPOSABLE OPHTHALM	IC LENS								
	APPLN. TYPE	APPLN. TYPE SMALL ENTITY		EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	\Box		
	nonprovisional	nonprovisional YES			\$0		\$665	12/10/2004			
	EXAMINER		ART UNIT		LASS-SUBCLASS						
	MANUEL	, GEORGE C	3762	351-219000							
	1. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(2) the name of registered attorn 2 registered pate	McAndrews, Held the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is d, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
	Please check the appropriat	te assignee category or catego	ories (will not be pr	inted on the patent)	: Kindivi	idual 🎵 Co	rporation or other private g	roup entity Governm	nent		
	4a. The following fee(s) are			o. Payment of Fee(s	:	-		· · · · · · · · · · · · · · · · · · ·	_		
Issue Fee A check in the amount of the fee(s) is enclosed.											
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0017 (enclose an extra copy of this form).							
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	a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	e) 37 CFR 1.27.	b. Applicant is	no longer clai	iming SMAI	L ENTITY status. See 37	CFR 1.27(g)(2).			
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•	★uthorized Signature	per			Jovember 23	,					
	Typed or printed nameean Dudek Kuelper				F	Registration	No. <u>30,171</u>	- <u></u>			
	submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313		O. Time will vary nould be sent to the SEND FEES OR (depending upon the Chief Information COMPLETED FOR	e individual c Officer, U.S. MS TO THIS	ease. Any con Patent and ADDRESS	mments on the amount of Trademark Office, U.S. De . SEND TO: Commissione	time you require to comp partment of Commerce, l r for Patents, P.O. Box 14	ess) and olete P.O. 450,		
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